



Atty. Dkt. No. 035879/0116

1632

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Thomas E. WAGNER, et al.**

Title: **Hybrid Cells**

Appl. No.: **09/756,293**

Filing Date: **January 9, 2001**

Examiner: **Q. Lian**

Art Unit: **1632**

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[] Small Entity statement is enclosed.

[X] The fee required for additional claims is calculated below:

Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims: 30	□ 28	= 2	x \$18.00 =	\$36.00
Independents: 10	□ 10	= 0	x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:		+ \$280.00 =		\$0.00
		CLAIMS FEE TOTAL:	=	\$36.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$920.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$956.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$956.00

Please charge Deposit Account No. 19-0741 in the amount of \$956.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$956.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 24, 2002

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By 
George C. Best
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